

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025336

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6319

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Cario

d. STREET ADDRESS

(If outside, give location)

509 Peyramit Court

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

ANNIE

Middle

WRIGHT

Last

WILLIAMS

4. DATE OF DEATH

Month

JUNE

Day

25

Year

1962

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-7-1918

9. AGE (last birthday)

44

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Cedar Bluff, Miss

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Pearlie Rice

13b. MOTHER'S MAIDEN NAME

Irene Howard

14. NAME OF HUSBAND OR WIFE

dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Alice Wright 509 Peyramit Court, Cario, Ill

Address

18. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CHRONIC PULMONARY EMPHYSEMA

DUE TO (b) BRONCHIAL ASTHMA

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH
MANY YEARS
MANY YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ACUTE BACTERIAL PNEUMONIA, ORGANISM UNDETERMINED

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JUNE 25, 1962 to JUNE 25, 1962 and last saw her alive on JUNE 25, 1962

Death occurred at 8:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

6/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/30/62

23c. NAME OF CEMETERY OR CREMATORY

Spencer Heights Cemetery

23d. LOCATION (City, town, or county)

Mounds, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

C.W. Roberts Und. Co 1416 N. Taylor Ave

24. DATE REG. BY LOCAL REG.

JUN 26 1962

24. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489
P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.